

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/11/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155139</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C 04/03/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>NORTH WOODS VILLAGE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2233 W JEFFERSON ST KOKOMO, IN 46901</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was a Post Survey Revisit (PSR) to the investigation of complaint numbers IN00104295 and IN00104351 completed on 3/1/12.</p> <p>Complaint #IN00104295 corrected.</p> <p>Complaint #IN00104351 corrected.</p> <p>Survey date: April 3, 2012</p> <p>Facility number: 000064 Provider number: 155139 AIM number: 100288770</p> <p>Survey team: Toni Maley BSW TC Linn Mackey RN</p> <p>Census bed type: SNF 12 SNF/NF 132 Total: 144</p> <p>Census payor type: Medicare 23 Medicaid 96 Other 25 Total: 144</p> <p>Sample: 5</p> <p>North Woods Village was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2 in regard to the PSR to the investigation of complaint numbers IN00104295 and IN00104351.</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1 Quality review completed 4/10/12 Cathy Emswiller RN			{F 000}			